

**MEDICAL BOARD OF CALIFORNIA**

CENTRAL COMPLAINT UNIT

1426 Howe Avenue, Suite 54

Sacramento, CA 95825-3236

(916) 263-2424 FAX (916) 263-2435

[www.caldocinfo.ca.gov](http://www.caldocinfo.ca.gov)**REPORTING REQUIREMENTS FOR CORONERS**

Pursuant to Section 802.5 of the Business and Professions Code: "When a coroner receives information that is based on findings that were reached by, or documented and approved by a board-certified or board-eligible pathologist indicating that a death may be the result of a physician's or podiatrist's gross negligence or incompetence, a report shall be filed with the Medical Board of California or the California Board of Podiatric Medicine. The initial report shall include the name of the decedent, date and place of death, attending physicians or podiatrists, and all other relevant information available. The initial report shall be followed, within 90 days, by copies of the coroner's report, autopsy protocol, and all other relevant information."

**REPORTING ENTITY**

CORONER'S OFFICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

CASE NO: \_\_\_\_\_

**DECEDENT**

NAME: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

**PHYSICIAN/PODIATRIST**

NAME: \_\_\_\_\_

MEDICAL LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ATTACHMENTS**CORONER'S REPORT: yes  no AUTOPSY PROTOCOL: yes  no 

OTHER: \_\_\_\_\_

You may use the reverse of this form for a narrative report or you may attach as many pages as necessary for complete documentation of the events that transpired. Thank you for your report.